

## SUMMARY OF THE FORMS WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau

Location: Health & Human Services Data Training Center  
9323 Tech Center Drive  
Conference Room 2, Sacramento, California

Date / Time: April 29, 2005, 9:30 am to 12:30 pm

**Meeting Objectives:** Review and revise the Protective Supervision certification Draft 'A' and Draft 'B' forms, and develop Provider Enrollment form. Review Department of Health Services (DHS) Medi-Cal Disclosure Statement for federal requirements and possible IHSS needs.

### **Meeting Summary:**

Meeting began with welcome from co-chairs, Pam Borrelli and Jeannie Smalley, and self-introductions from all attendees. Review of the March 25, 2005, meeting summary was reviewed along with outcomes for the day's meeting.

It was asked that Workgroup participants break into two groups and discuss the developmental needs of the two identified forms: 1) Protective Supervision, and 2) Provider Enrollment.

### Protective Supervision form

Two drafts (see attached) were presented and discussed. Various areas of drafts were merged and/or deleted. Development of a Draft C was created, which was to be designed and brought back to the next meeting in May.

### Provider Enrollment form

The sub-workgroup reviewed the "draft" Provider Enrollment form (attached) created by Humboldt County representatives.

Aimee Yuki, Department of Health Services (DHS), presented their "Medi-Cal Disclosure Statement" (DHS 6207 [7/04]) and explained the necessity of its use for claiming Medi-Cal funds. The 13-pages were reviewed by the sub-workgroup and it was discussed as to what pertained and what may not, for the IHSS program.

The sub-group discussed gaining knowledge on the role of the Provider Enrollment form and outcomes for its use:

- Build integrity and reliability into form
- What's needed: digital photo? Fingerprints?
- Background checks and fingerprinting – specific to county requests
- Is form a "gatekeeper role"?
- Form in various languages for clear understanding of what's being filled out
- Pre-fraud awareness for providers – identify what constitutes fraud for those enrolling
- A knowledgebase of care/needs matching provider with consumer?
- Accountability and knowing what's expected – training
- Consistency – Public Authority (PA) / County

Next Steps for Provider Enrollment Form Sub-Group

- Collect all county provider enrollment forms (check with Northern Region)
- Check with legal on FFP requirements and if the same are needed as with DHS
- Consider “visually-friendly” format
- Check on languages and font size requirements
- Identify “optional” information verses “required” information
- Check with legal on specific Labor laws that may identify the “employer” and what specifically may be needed
- Regulations to clarify how Provider Enrollment form is to be used, how it’s to be collected and how information is to be verified

Meeting sub-groups were reunited and outcomes of each group discussed.

Brian Koepp discussed changing the times for the Forms Workgroup meeting. The group discussed meeting 12:30 to 3:30 pm, but the consensus was afternoon meetings are difficult for those who travel. The location was satisfactory for all. It was suggested to start the meeting at 10:00 am instead of 9:30 am.

The Meeting adjourned at 12:30 pm.

The next Forms Workgroup meeting is May 24, 2005 at from 10:00 am to 12:30 pm.

**Meeting Attendees:**

<b>Name</b>	<b>Organization</b>
1. Pam Borrelli, Co-Chair	San Mateo Co. IHSS
2. Jeannie Smalley, Co-Chair	CDSS – QA Monitoring Unit
3. Brian Koepp	CDSS – QA Bureau Manager
4. Bill Weidinger	Contra Costa Co IHSS
5. Laurie Silva	CDSS – QA Monitoring Unit
6. Jim Newton	Sacramento Co., Fraud Investigation
7. Guy Howard Klopp	Sacramento Co., QA / QI
8. Jarrett Oddy	Sacramento Co., QA/ QI
9. Kathlett Schwartz	Sacramento Co., QA
10. Kathy Gee	CDSS – CMIPS II
11. Melody McInturf	Sacramento County QA
12. Diana Kakic	CWDA
13. Bernadette Lynd	Sacramento Co., PA
14. Aimee Yuki	DHS – Medi-Cal Policy Unit; Provider Enrollment Branch; Payment Systems Div.

Attachments: Protective Supervision Form-Draft ‘A’  
Protective Supervision Form-Draft ‘B’  
Provider Enrollment Form–Humboldt Draft